

Effective 1/1/2006

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										Provider Type																																	These are the AHCCCS/ ADHS/DBHS fee-for-service rates. The RBHA may negotiate a payment higher, lower or equal to the fee-for-service rate								
Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	S2	S3					DBHS Units	Max Units	Non Facility Rate	Facility Rate	
										Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHARBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (LUSAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	Tribal Traditional Service Practitioner									
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		01/01/98	09/30/03						X	X	X	X			X							X	X	X																1		\$64.70	\$60.68			
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		10/01/03		T						X	X	X	X		X							M	M	M																	1		\$65.36	\$60.68		
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 22, 53, 99	000/999		01/01/98		T						X		X	X		X																										1		\$71.80	\$68.12		
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		01/01/98	09/30/03							X	X	X	X		X							X	X	X																		1		\$97.04	\$93.39	
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		10/01/03		T						X	X	X	X		X							M	M	M																		1		\$98.65	\$93.39	
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 22, 53, 99	000/999		01/01/98		T						X		X	X		X																											1		\$104.71	\$100.87	
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		01/01/98	09/30/03							X	X	X	X		X							X	X	X																			1		\$145.04	\$140.66
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		10/01/03		T						X	X	X	X		X							M	M	M																			1		\$147.02	\$140.66

Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	Provider Type																																DBHS Units	Max Units	Current Rate		
										02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	S2			S3	Non Facility Rate	Facility Rate
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 22, 53, 99	000/999		01/01/98		T									X		X	X																1		\$152.37	\$147.00						
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		01/01/98	09/30/03										X	X	X	X																	1		\$69.17	\$66.25					
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		10/01/03		T									X	X	X	X																	1		\$70.68	\$66.25					
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient with medical	47		04, 11, 20, 22, 53, 99	000/999		01/01/98		T									X		X	X																	1		\$78.99	\$73.68					
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		01/01/98	09/30/03										X	X	X	X																	1		\$106.17	\$99.37					
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		10/01/03		T									X		X	X																	1		\$104.84	\$99.37					

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										Level I Hospital	Pharmacy Laboratory	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHARBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (USAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	Tribal Traditional Service Practitioner					
										02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	S2	S3	DBHS Units	Max Units	Current Rate Non Facility Rate	Facility Rate
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical	47		04, 11, 20, 22, 53, 99	000/999		01/01/98		T			X		X	X		X																		1		\$111.49	\$106.44								
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		01/01/98	09/30/03				X	X	X	X		X			X	X	X													1		\$152.07	\$147.69								
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 22, 53, 99	000/999		10/01/03		T			X	X	X	X		X			M	M	M													1		\$153.80	\$147.69								
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical	47		04, 11, 20, 22, 53, 99	000/999		01/01/98		T			X		X	X		X																		1		\$158.40	\$152.20								
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999		01/01/98	09/30/03				X	X	X	X		X			X	X	X													1		\$65.10									
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999		10/01/03		T			X	X	X	X		X																		1		\$65.76									



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										02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3							B5	B6	B7	S2
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999		01/01/98		T			X		X	X		X																				1		\$72.23								
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999		01/01/98	09/30/03				X	X	X	X		X																				1		\$97.80								
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999		10/01/03		T			X	X	X	X		X																				1		\$99.41								
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999		01/01/98		T			X		X	X		X																				1		\$103.98								
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999		01/01/98	09/30/03				X	X	X	X		X																				1		\$145.39								
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient	47		04, 11, 20, 21, 22, 31, 32, 51, 52, 55, 56, 99	000/999		10/01/03		T			X	X	X	X		X																				1		\$147.79								

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										Level I Hospital	Pharmacy	Laboratory	Emergency	Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation	Provider	Level 1 Psych. Hospital	TRBHARBHA	Level II BH Residence (non IMD)	Outpatient Clinic	Level I residential treatment center	Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III BH residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (USAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)					Level I Crisis Services	Other	Tribal Traditional Service Practitioner
										02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	S2	S3							
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90845	Medical psychoanalysis-no units specified	47		04, 11, 20, 21, 22, 23, 51, 52, 53, 55, 56, 71, 72	000/999		10/01/92		T																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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										Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHARBA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (USAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other							
										02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	S2	S3		DBHS Units	Max Units	Current Rate Non Facility Rate	Facility Rate	
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not required the presence of a physician, or pharmacological management by nurse practitioner or physician's assistant (approximately 5 to 10 minutes)	01		04, 11, 20, 22, 23, 53, 71, 72	000/999		01/01/92		T				X	X	X	X			X																	2		\$21.41	\$16.18									
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem-focused history; a problem-focused examination; medical decision-making for minor problem.	01		04, 11, 12, 20, 22, 23, 53, 71, 72	000/999		01/01/92		T				X		X	X			X																	2		\$38.43	\$31.78									
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem-focused history; an expanded problem-focused examination; medical decision-making	01		04, 11, 20, 22, 23, 53, 71, 72	000/999		01/01/92		T				X		X	X			X																	2		\$52.36	\$45.49									
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision-making	01		04, 11, 20, 22, 23, 53, 71, 72	000/999		01/01/92		T				X		X	X			X																	2		\$82.16	\$71.95									
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; and medical decision-making of high complexity	01		04, 11, 20, 22, 23, 53, 71, 72	000/999		01/01/92		T				X		X	X			X																	2		\$119.59	\$108.20									
99217	Observation care Discharge Day Management	01		22, 23	000/999		01/01/94						X		X	X			X																1		\$70.72											
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these three key components; a comprehensive history; a entailed or comprehensive examination; and medical decision making that is straightforward or of low complexity	01		22, 23	000/999		01/01/93						X		X	X			X																1		\$67.36											

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										Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych. Hospital	TRBHARBA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (USAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center-Secure (IMD)	Level I Residential Treatment Center-Non-Secure (non-IMD)	Level I Residential Treatment Center-Non-Secure (IMD)	Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)	Level I Crisis Services	Other	Tribal Traditional Service Practitioner			Non Facility Rate	Facility Rate		
99281	Emergency Dept Visit for the evaluation and management of a patient, which requires these three key components: a problem-focused history; a problem-focused examination; and, straightforward medical decision-making. Presenting problem Minor Prob. 15	01		22, 23	000/999		01/01/92							X		X	X			X																							3		\$16.68			
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem-focused history; an expanded problem-focused examination; and, medical decision-making for a problem of low/moderate	01		22, 23	000/999		01/01/92							X		X	X			X																									3		\$27.69	
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem-focused history; an expanded problem-focused examination; and medical decision-making for a problem of moderate severity	01		22, 23	000/999		01/01/92							X		X	X			X																									3		\$62.21	
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a detailed history; a detailed examination; and, medical decision-making for a high severity problem. (Approx. 45 minutes)	01		22, 23	000/999		01/01/92							X		X	X			X																									3		\$97.12	
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and, medical decision- making.	01		22, 23	000/999		01/01/92							X		X	X			X																									3		\$152.16	



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										02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	S2	S3	DBHS Units	Max Units	Non Facility Rate	Facility Rate	
99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes.	01		04, 11, 20, 22, 23, 72	000/999		01/01/94		T			X		X	X		X																		6		\$97.91	\$93.99									
99356	Prolonged physician services in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour.	01		21	000/999		01/01/94					X		X	X		X																		1		\$90.78										
99357	Prolonged physician services in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes.	01		21	000/999		01/01/94					X		X	X		X																		6		\$91.56										
99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour.	01		04, 11, 20, 21, 22, 23, 72	000/999		01/01/94		T			X		X	X		X																		1		BR										
99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes.	01		04, 11, 20, 21, 22, 23, 72	000/999		01/01/94		T			X		X	X		X																		6		BR										
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes.	01		04, 11, 20, 21, 22, 31, 51, 99	000/999		01/01/92	09/30/03	T			X	X	X	X		X																		1		\$41.00										

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										02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3			B5	B6		B7	S2	S3	Non Facility Rate	Facility Rate
										Level I Hospital	Pharmacy	Laboratory	Emergency Transportation	Physician	Psychologist	Physician Assistant	Nurse Practitioner	Non-emergency Transportation	DO-Physician Osteopath	Habilitation Provider	Level 1 Psych- Hospital	TRBHA/RBHA	Level II B/H Residence (non IMD)	Outpatient Clinic	Level I residential treatment center Secure (non IMD)	Licensed Clinical Social Worker	Licensed Marriage/Family therapist	Licensed Professional Counselor	Air Transportation	Level III B/H residential (non IMD)	Community Service Agency	Licensed Independent Substance Abuse Counselor (USAC)	Therapeutic Foster Care Home	Rural Substance Abuse Transitional Center	Level I Residential Treatment Center- Secure (IMD)	Level I Residential Treatment Center- Non-Secure (non-IMD)	Level I Residential Treatment Center- Non-Secure (IMD)			Level I Subacute Facility (non-IMD)	Level I Subacute Facility (IMD)		Level I Crisis Services	Other	Tribal Traditional Service Practitioner		
																																	DBHS Units	Max Units	Non Facility Rate	Facility Rate											
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	14		42, 99	000/999		01/01/01													X														5		\$1,081.10											
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	14		42, 99	000/999		01/01/01													X														5		\$1,081.10											
A0434	Specialty care transport (SCT)	14		41, 42, 99	000/999		01/01/01					X																						1		BR											
A0435	Fixed wing air mileage, per statute mile	14		42, 99	000/999		01/01/01													X														999		\$8.82											
A0436	Rotary wing air mileage, per statute mile	14		42, 99	000/999		01/01/01													X														999		\$19.43											
A0888	Non-covered ambulance mileage, per mile (E.G. for miles traveled)	14		41, 42	000/999		10/01/95					X								X														999		\$8.82											
A0999	Unlisted ambulance service . Determine if an alternative national HCPCS level II code or CPT code better describes the service. This code should be used only if a more specific code is unavailable.	31		41, 42, 99	000/999		01/01/01					X			X				X		X	X												1		BR											
G0001	Routine venipuncture or finger/heel/ear stick for collection of specimen(s)	01		11, 12, 21, 22, 23, 31, 32, 33, 71, 72, 81, 99	000/999		01/01/94	12/31/04				X		X		X																			5		\$3.00										
H0001	Alcohol and/or drug assessment	47		99	000/999		07/01/04																X											999		BR											
H0002	Behavioral health screening to determine eligibility for admission	47		04, 11, 12, 20, 22, 23, 50, 53, 71, 72, 99	000/999		10/01/03		T							X		X	X	X			X		X									4		\$18.00											
H0004	Home, individual behavioral health counseling and therapy, per 15 minutes	47		12, 31, 32, 33, 99	000/999		10/01/03										X		X	X	X			X										24	32	\$26.00											
H0004	Out of office, family behavioral health counseling and therapy with client present, per 15 minutes	47	HR	12, 99	000/999		10/01/03											X		X	X	X			X									24		\$32.50											
H0004	Out of office, family behavioral health counseling and therapy without client present, per 15 minutes	47	HS	12, 99	000/999		10/01/03											X		X	X	X			X									24		\$32.50											
H0004	Office, individual behavioral health counseling and therapy, per 15 minutes	47		04, 11, 20, 22, 50, 53, 72	000/999		10/01/03		T									X		X	X	X			X									16		\$22.50											
H0004	Office, family behavioral health counseling and therapy with client present, per 15 minutes	47	HR	04, 11, 20, 22, 50, 53, 72	000/999		10/01/03		T									X		X	X	X			X									16		\$23.50											
H0004	Office, family behavioral health counseling and therapy without client present, per 15 minutes	47	HS	04, 11, 20, 22, 50, 53, 72	000/999		10/01/03		T									X		X	X	X			X									16		\$23.50											
H0004	Office, group behavioral health counseling and therapy, per 15 minutes	47	HQ	11, 22, 31, 32, 33, 50, 53, 72, 99	000/999		10/01/03											X		X	X	X			X									16	\$6.50												
H0018	Behavioral health short-term residential, without room and board	47		99	000/999		10/01/03										X																	1		\$163.00											
H0019	Behavioral health long-term residential (non-medical, Non-acute), without room and board	47		99	000/999		10/01/03																X											1		\$137.00											

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										02	03	04	06	08	11	18	19	28	31	39	71	72	74	77	78	85	86	87	97	A2	A3	A4	A5	A6	B1	B2	B3	B5	B6	B7	S2	S3					
DBHS Units	Max Units	Current Rate	Non Facility Rate	Facility Rate																																											
H0020	Alcohol and/or drug services; methadone administration and/or service	01	HG	04, 11, 20, 22, 23, 50, 53, 71, 72, 99	000/999		10/01/03											X		X	X															1		\$3.15									
H0025	Behavioral health prevention/promotion education service (services to target population to affect knowledge, attitude and/or behavior)	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999		10/01/03																														16		\$6.00								
H0031	Mental health assessment, by non-physician 30 minute increments	47		04, 11, 12, 20, 22, 23, 50, 53, 71, 72, 99	000/999		10/01/03		T																													10		\$42.00							
H0034	(Health promotion) medication training and support, per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999		10/01/03		T																														32		\$3.50						
H0036	Community psychiatric supportive treatment day program, face-to-face, per 15 minutes	47		53, 72, 99	000/999		10/01/03																																23		\$5.50						
H0036	Community psychiatric supportive treatment medical day program, face-to-face, per 15 minutes	47	TF	53, 72, 99	000/999		10/01/03																																23		\$6.13						
H0036	Home community psychiatric supportive medical treatment face-to-face, per 15 minutes	47		12	000/999		10/01/03																																23		BR						
H0036	Home community psychiatric supportive medical treatment face-to-face, per 15 minutes	47	TF	12	000/999		10/01/03																																23		BR						
H0037	Community psychiatric supportive treatment medical day program, per diem	47		53, 72, 99	000/999		10/01/03																																	1		\$131.50					
H0037	Home community psychiatric supportive medical treatment program, per diem	47		12	000/999		10/01/03																																	1		BR					
H0038	Self-help/peer services (peer support), per 15 minutes	47		04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999		10/01/03																																		11		\$5.50				
H0038	Self-help/peer services group, per 15 minutes	47	HQ	04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999		10/01/03																																		16		\$2.00				
H2010	Comprehensive medication services, per 15 minutes	01	HG	04, 11, 20, 50, 53, 72, 99	000/999		10/01/03																																		1		\$11.00				
H2011	Crisis intervention service, per 15 minutes	47		04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999		10/01/03		N																																32		\$27.00				
H2011	Crisis intervention service via 2 person team, per 15 minutes	47	HT	04, 11, 12, 20, 23, 50, 53, 71, 72, 99	000/999		10/01/03		N																																40		\$34.50				
H2012	Supervised behavioral health day treatment, per hour up to 5 hours	47		53, 71, 72, 99	000/999		10/01/03																																			5		\$10.16			
H2014	Skills training and development, per 15 minutes	47		04, 11, 12, 20, 50, 53, 71, 72, 99	000/999		10/01/03																																			32		\$10.00			
H2014	Group skills training and development, per 15 minutes per person	47	HQ	04, 11, 12, 20, 50, 53, 71, 72, 99	000/999		10/01/03																																			16		\$2.00			
H2015	Comprehensive community support services, supervised day program per 15 minutes, 6-10 hours	47		53, 71, 72, 99	000/999		10/01/03																																				40		\$2.73		

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